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Alcimedes

June 2010 saw the publication of Sir Peter North's much-awaited report into drink and drug driving. The main media focus has been on the suggested reduction in the drink-drive limit, which currently stands at 80 mg/100 ml of blood (35 mcg/100 ml of breath, or 107 mg/100 ml of urine.) The QC, who is a former Vice Chancellor of Oxford University, has outlined 51 recommendations, including a reduction of the drink-drive alcohol limit to 50 mg/100 ml of blood and, using a ratio of 2000:1, a breath alcohol limit of 25 mcg/100 ml of breath. His suggestions also include *inter alia* the use of ignition interlocks and recommendations for the drinks and entertainment industries: such ideas will clearly have financial implications. The "Statutory option" outlined in Section 8(2) of the Road Traffic Act 1988 has also been earmarked for removal. However, as politicians have an unpredictable response to independent inquiries, how many, if any, of these wide-reaching recommendations will be implemented remains to be seen.[1]

Despite the recent spate of highly-publicised resignations from the Advisory Council on the Misuse of Drugs (ACMD), the UK Government's advisory body on drug legislation has managed to maintain its momentum. In April 2010, the UK Government announced Class B status under the Misuse of Drugs Act 1971 for the "legal high" mephedrone. Further recommendations in July 2010, from the ACMD to the Home Secretary Theresa May, have followed, with the UK Government being advised to offer similar status to the stimulant "naphyrone" (also known as "NRG-1" or "Energy 1") and related compounds.

Within its suggestions, the ACMD also makes the interesting but common-sense observation that substances being advertised and sold as "legal" may not be so, due to adulteration.[2]

Continuing on the illicit drug theme, a small-scale study into the use of Ecstasy ("E" or MDMA) in Post-Traumatic Stress Disorder has suggested that "E" may confer some benefits in carefully selected patients. Writing in the Journal of Psychopharmacology, the US team, led by Psychiatrist Dr. Michael Mithoefer argues that patients offered MDMA appeared to deal with concurrent Psychotherapy better than those patients given placebo. With only 20 patients being studied, conclusions and statistical significance may be limited, but there are now plans for a study of 40 military veterans, followed by widespread trials. As clinical studies often struggle to recruit volunteers, Alcimedes wonders whether it may prove problematic to find volunteers to devour this highly potent stimulant free of charge…[3]

Alcimedes also notes that the on-going debate around the use and abuse of methadone supply to heroin addicts remain as confusing as ever. A recent study, published in July's BMJ, looked at 794 intravenous heroin addicts from Muirhouse in Edinburgh over a 27 year period. The researchers concluded that the addicts led less chaotic lifestyles when using methadone. By the end of the study, 277 of the addicts had achieved long-term cessation of injecting and 228 of the addicts had died. The median duration from first injection to death was 24 years.

Although this report lends support to a pro-active approach as suggested by Professor Strang's "Heroin Clinic" study published in The Lancet in May 2010 (and discussed in the last Alcimedes) this study conflicts with a report commissioned by the centre-right group Policy Exchange. Their June 2010 publication *"Coming Clean: Combating Drug Misuse in Prisons"* argued that long-term methadone use amongst prisoners in England and Wales represented a failure of the previous Government's "Integrated Drug Treatment System" from 2007, as most of the heroin addicts in prisons will continue to use methadone *on top* of heroin, rather than use it as a substitute. Issues, such as staff corruption and the widespread availability of mobile phones, also contribute to the continued abuse of drugs within prisons.[4]

"Supervised injectable heroin or injectable methadone versus optimised oral methadone as treatment for chronic heroin addicts in England after persistent failure in orthodox treatment (RIOTT): a randomised trial." Strang, Metrebian, Lintzeris, et al.

The Lancet, Volume 375, Issue 9729, Pages 1885–1895, 29 May 2010.[5]

One of the most commonly seen injuries for professionals working in the custody environment is Deliberate Self Harm (DSH.) This often takes the form of repetitive, parallel-incised wounds to the arms and legs, with old and new injuries frequently lying side by side. DSH remains poorly understood, a problem that is recognised by a recent, far-reaching study by the Royal College of Psychiatrists. The report, entitled *"Self-harm, suicide and risk: helping people who self-harm"* was headed by Consultant Psychiatrist Lord John Alderdice, and looks at the whole spectrum of DSH issues. Patient assessments, insufficient staff numbers and training, and lack of follow-up of patients are just some of the many factors that reduce the effectiveness of treatment in these often difficult-to-manage patients. The report acknowledges that standards in DSH management vary widely across the country, but suggests that all DSH cases should be overseen by a Consultant Psychiatrist. They also argue that times of austerity may be the ideal opportunity to improve outcomes.[6]

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Her Majesty's Inspectorate of Police (HMIC) published a report "Valuing the Police" in July 2010 which addressed many of the serious issues surrounding Policing, especially in a difficult financial climate. One of their statistics, which gained much media attention, was that *"On average, only 11% of total police strength are (sic.) visible and available to the general public at any one time."*

Alcimedes wonders whether, at any one time, only 11% of doctors may be examining a patient, 11% of politicians are speaking to constituents, and 11% of lawyers are chatting to clients. As always, statistics can be manipulated to suit a particular claim and often have to be digested with a heavy dose of sodium chloride. It's also worth remembering that 82.3% of statistics are made up.[7]

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